



Leveraging Data to Improve Health The Wyoming State Health Families Succeed Model

**Montana Health Care Reform
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November 1, 2011**

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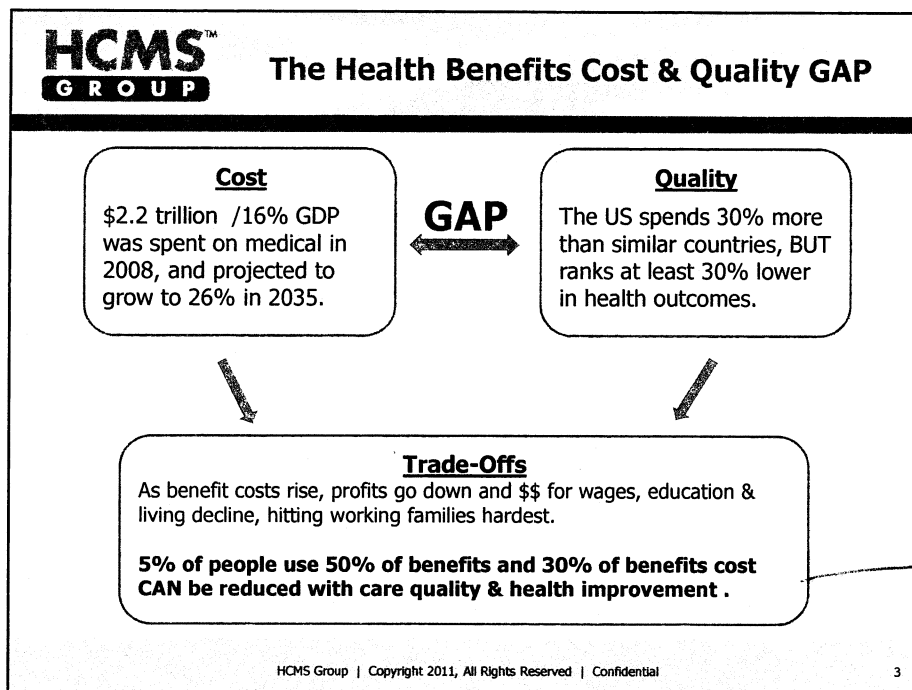
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The Healthcare Cost & Quality Gap

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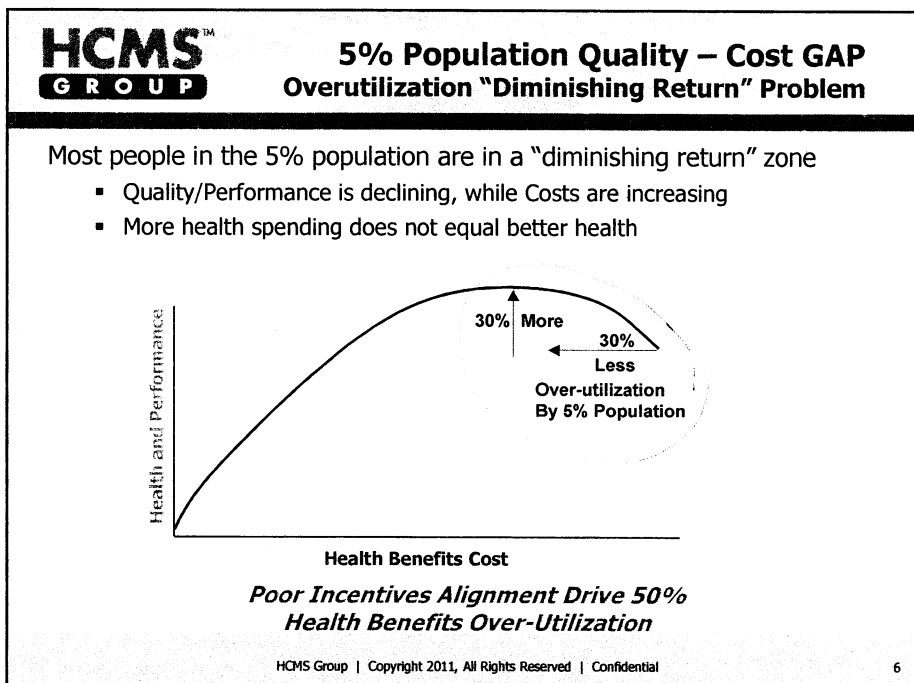
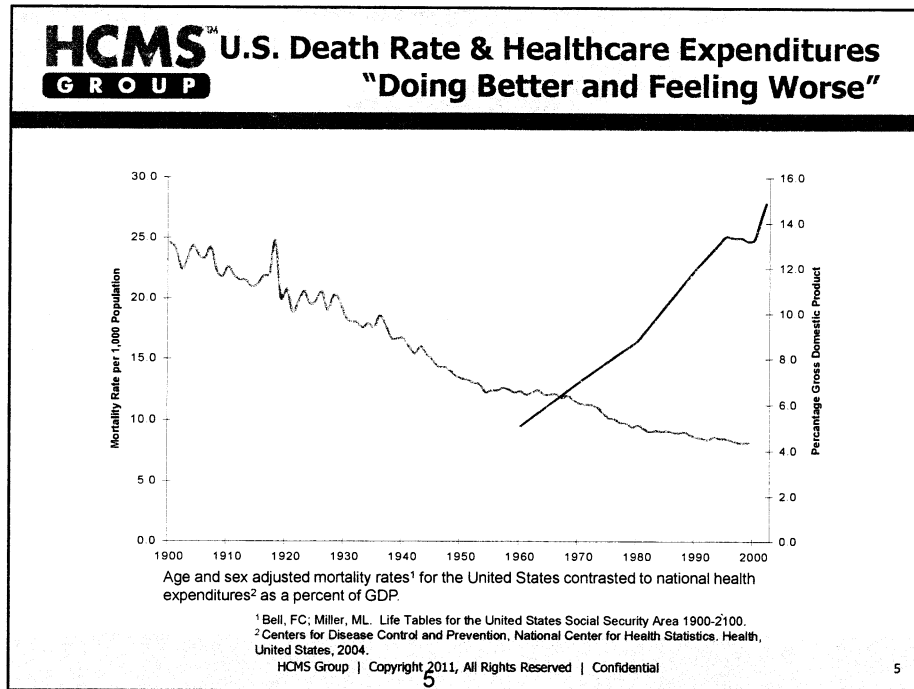
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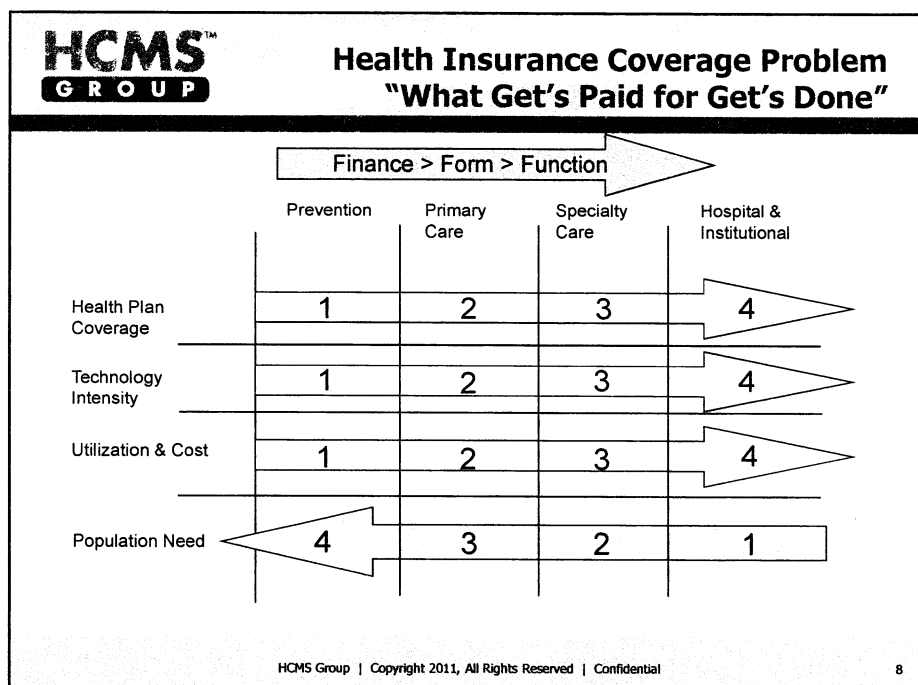
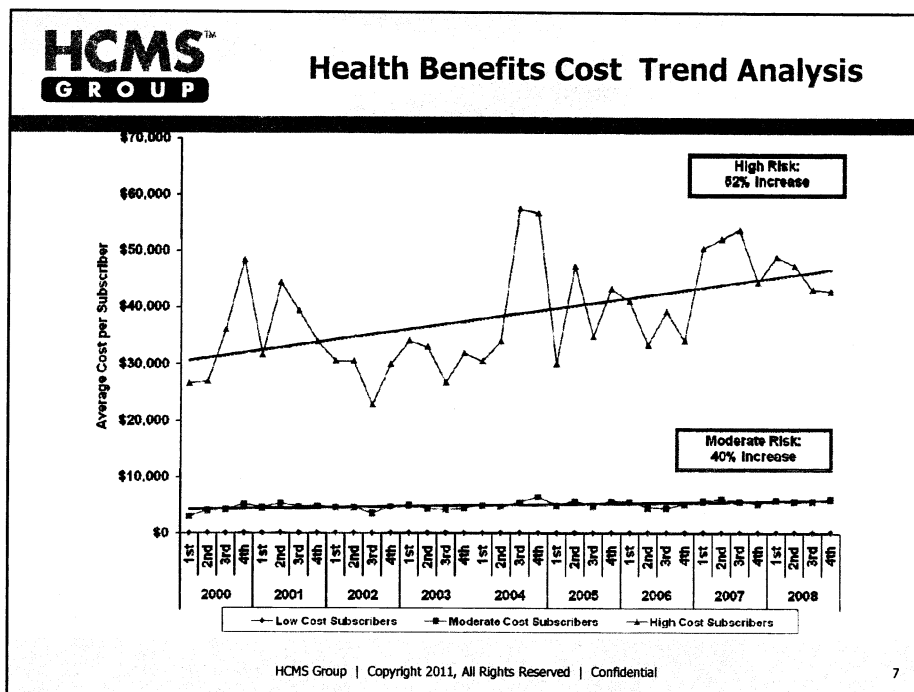


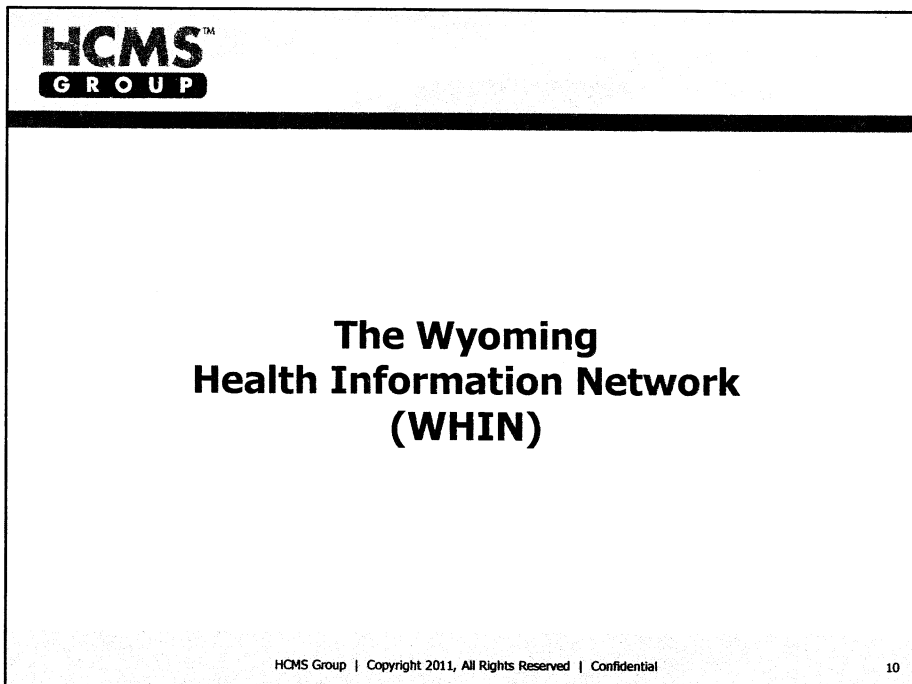
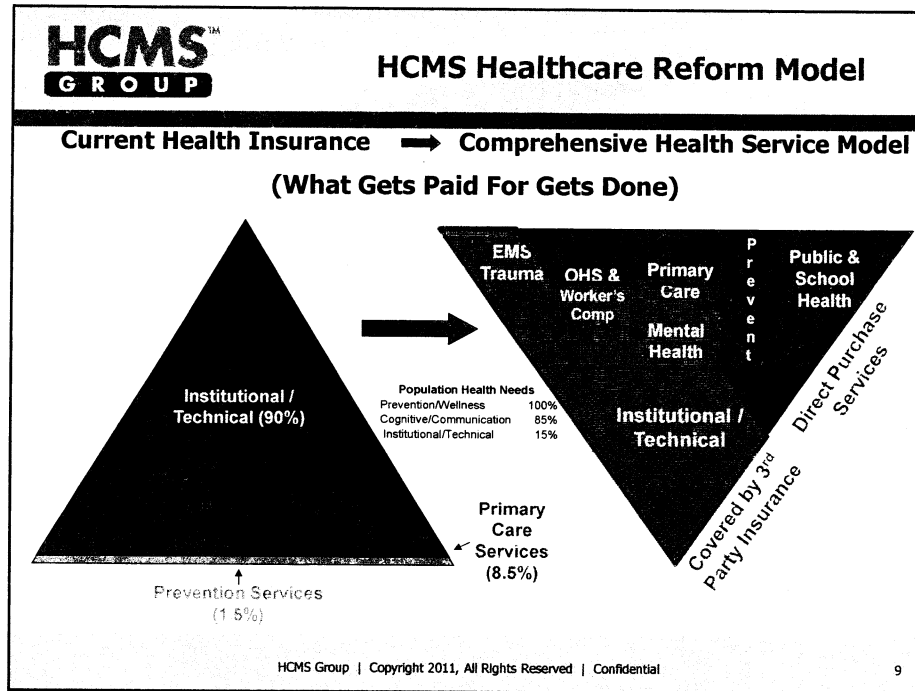
HCMS GROUP The High Cost of Poor Quality

- **Forty percent of health care dollars is spent on "waste,"** defined as unsafe or ineffective care by the Institute of Medicine
- Recent analysis of unsafe and ineffective care costs California: 2009 California population of 36,961,664 X \$8,160 (per capita health expenditures) = \$301.6 billion with estimated cost of health care waste in California at 40% of total = \$120.6 billion or **\$3,264 for every person estimated as waste due to poor quality**
- Without integrated information to analyze behaviors, risk and healthcare system accountability, people are often blamed for rising costs and too often the **single "solution" is more cost share without "getting the incentives right"!**

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Wyoming Health Information (WHIN) Goals

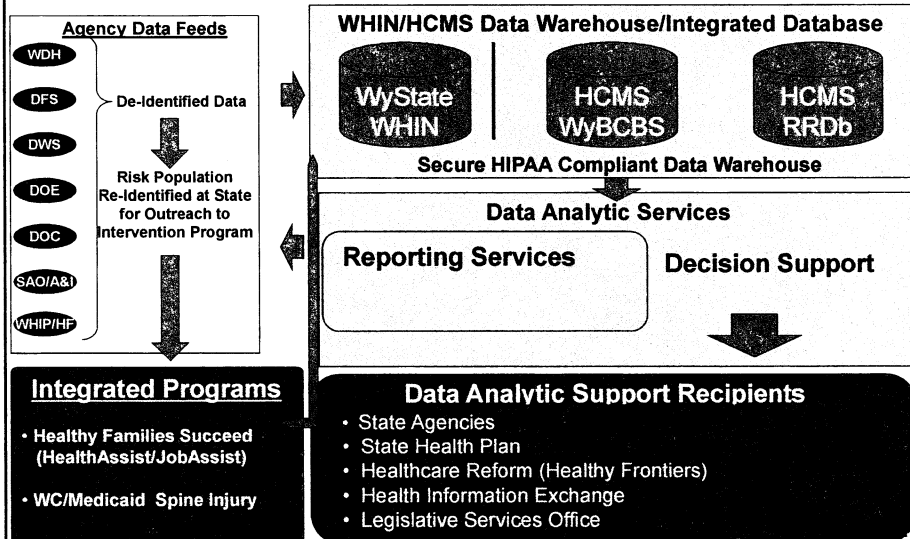
- To improve management information for Wyoming State policy makers: Better Information → Better Policies
- To improve integrated management across State Agencies with increased efficiency and effectiveness of Wyoming State Programs with a paradigm shift from a program-centric approach to a person-centric approach using risk stratification information to better focus preventive and cross-agency intervention programs.
- To improve the recruitment and retention of Wyoming State employees by employing a Health as Human Capital Paradigm with emphasis on "A Days Pay for a Days Work".

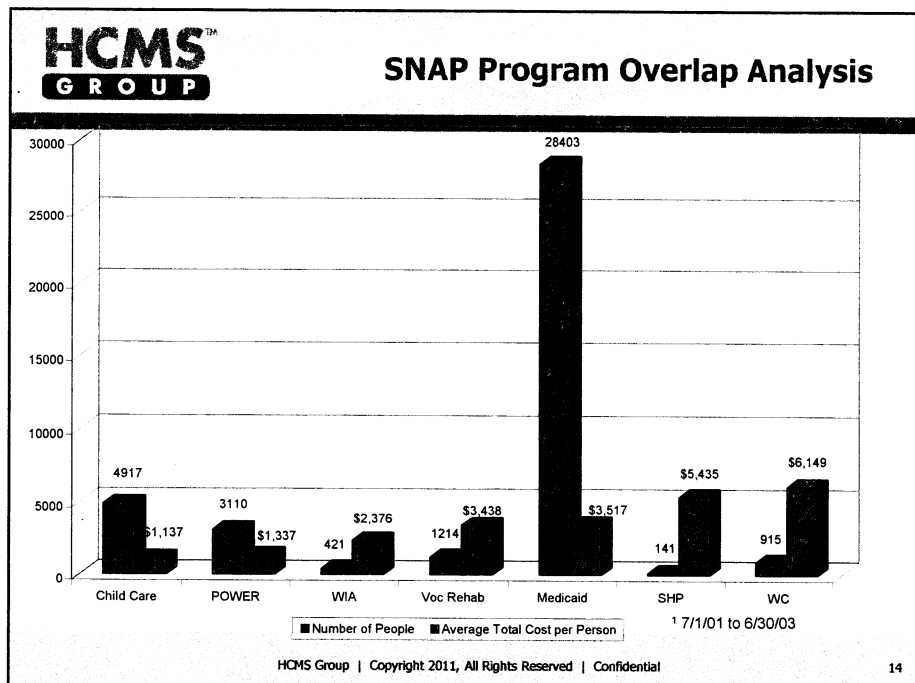
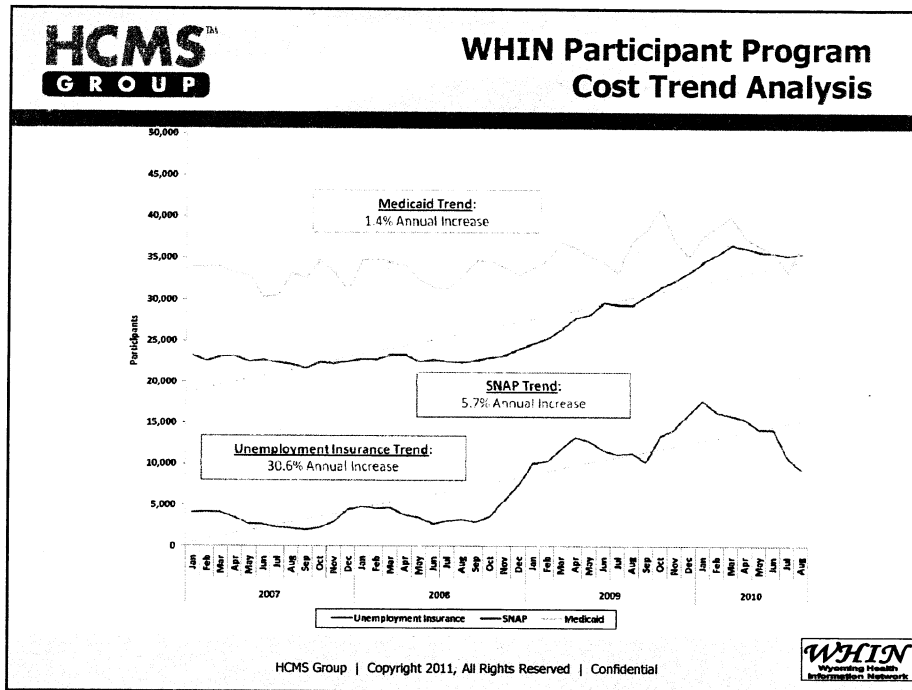
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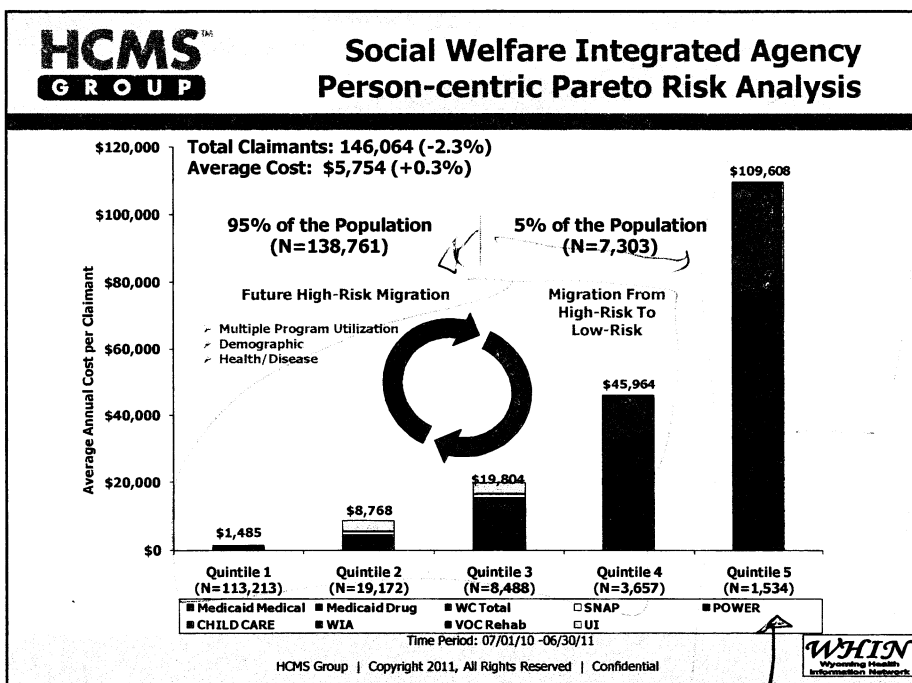
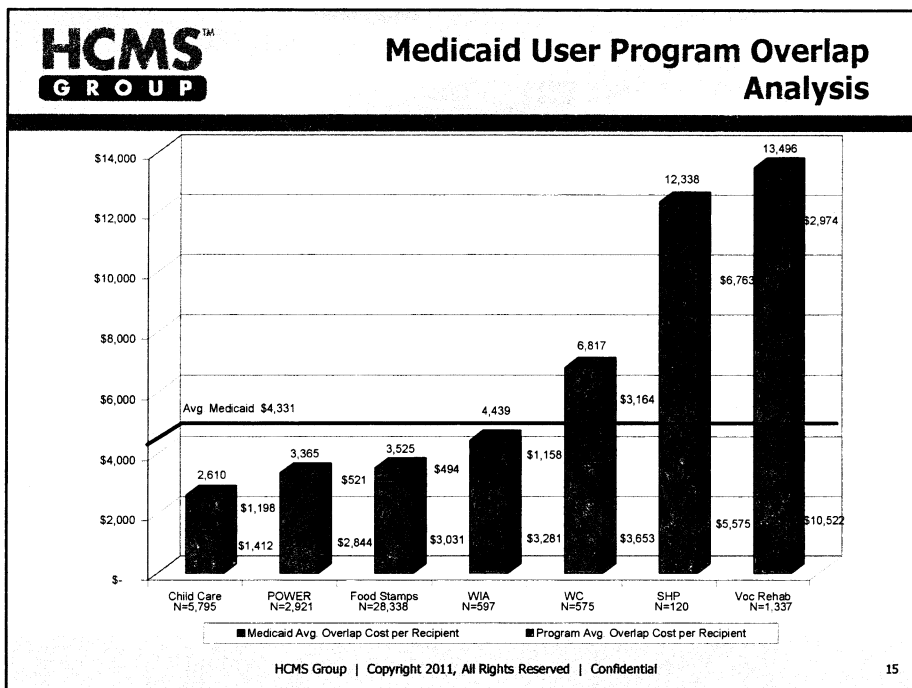
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WHIN/HCMS Information Service Model









Wyoming Health Plans Comparative Cost Analysis

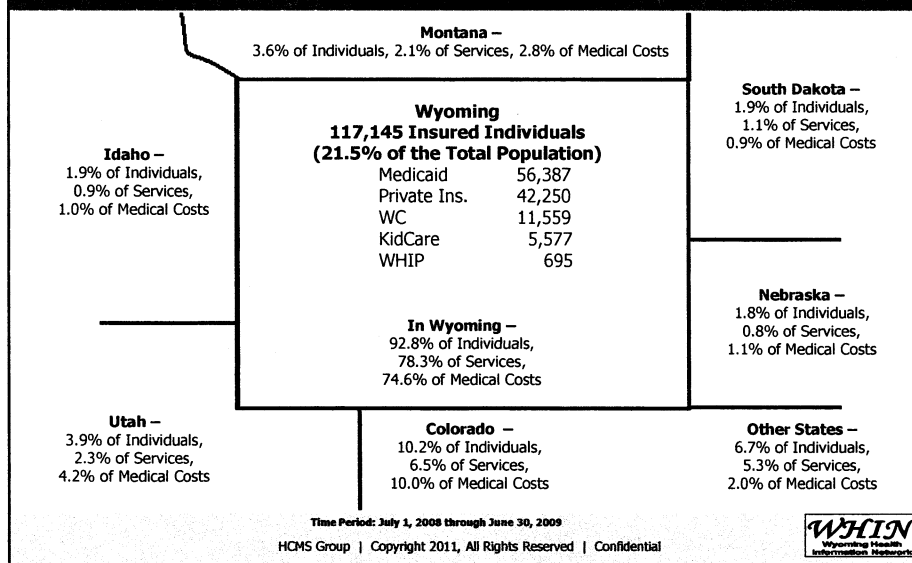
Category	Enrollees	Average Health Plan Cost	Percent Member Cost Share
Adults			
Privately Insured Adults	33,019	3,068	23.5%
Public Sector Adults	27,299	4,463	15.9%
MCAID Adults (Non-ADDs)	10,433	4,542	0.0%
MCAID Adults (ADDs)	9,613	22,627	0.0%
Children			
Privately Insured Children	8,763	1,013	31.0%
Public Sector Children	9,403	1,384	19.9%
Kid Care Children	6,539	1,640	0.0%
MCAID Children	38,618	2,788	0.0%

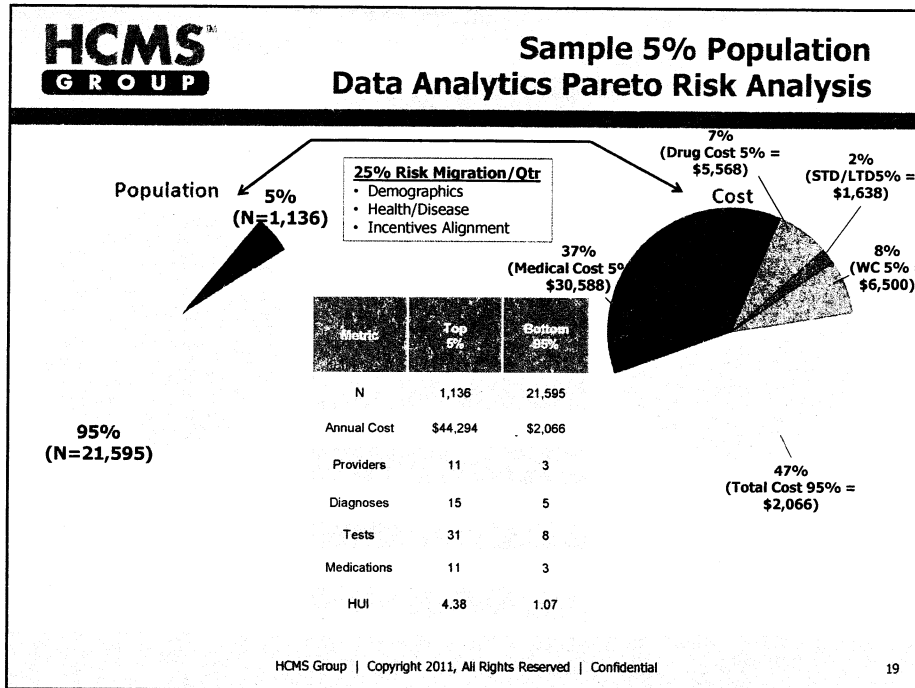
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Wyoming Population State by State Medical Utilization





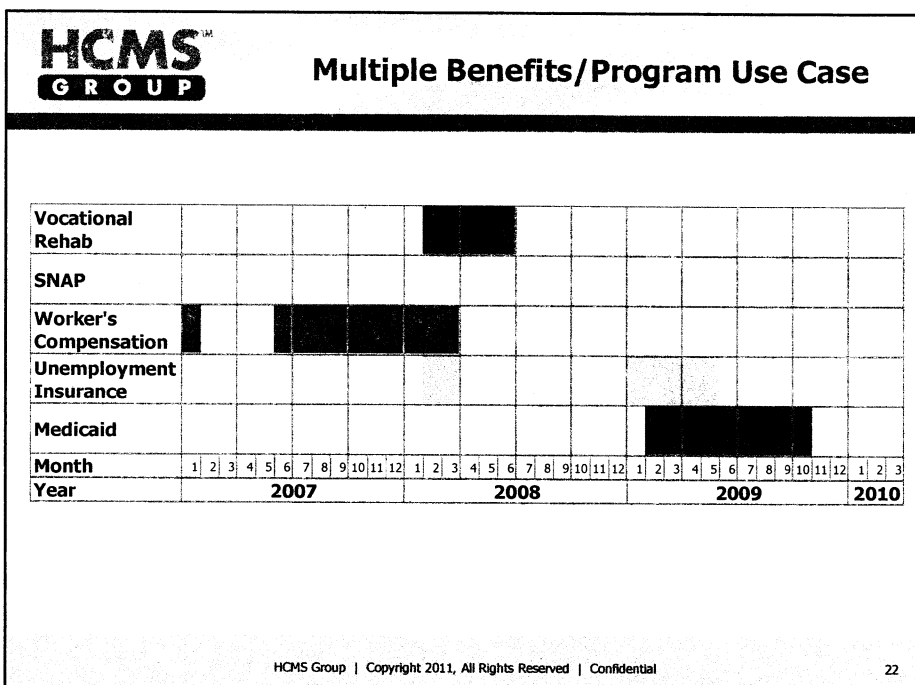
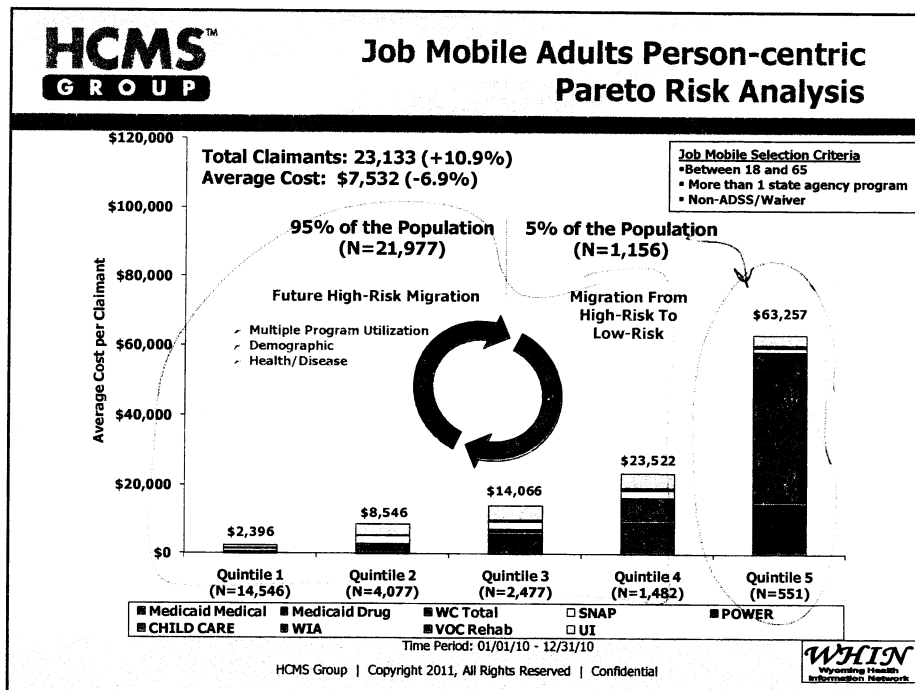
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Healthy Families Succeed Health Assist/Job Assist

September, 2011

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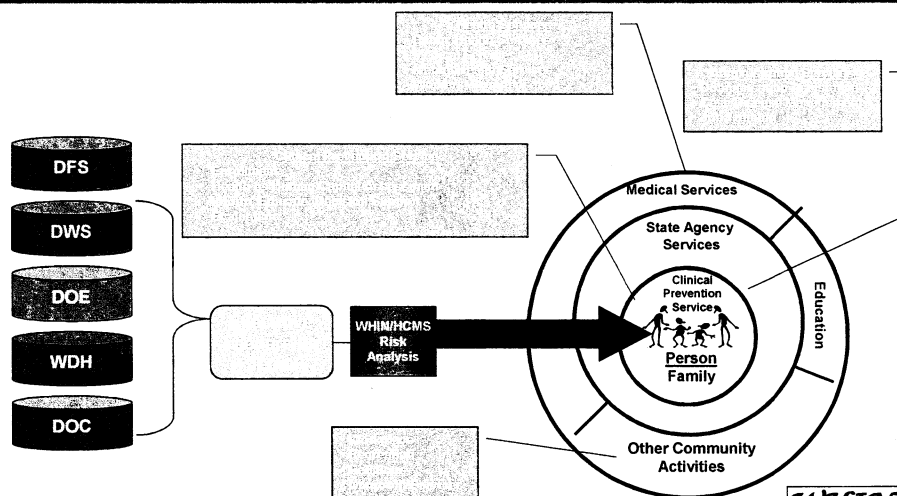
Healthy Families Succeed

- Healthy Families Succeed (HFS) is an integrated intervention program born out of the need for Wyoming State government to improve cross agency coordination and outcomes of services.
- The HFS approach defines the path to self-sufficiency by focusing on the *real* factors that define well-being, such as physical and mental health, attitude/motivation, skills, income and community supports.
- Nurses and pharmacist clinicians and job coordinators provide intensive information, education and decision support to participants and their families addressing all the key factors affecting the family and helping families create personal health plans to move toward self-sufficiency, with support tailored to the family needs. These plans are owned by the participants as they apply self-responsibility to their own success.
- It's been implemented with a phased approach, as we learned what are important factors in the lives of WY residents receiving assistance, beginning with health, adding job skill development and providing health insurance.
- **2009 Innovations in Government Award recipient, Council of State Governments**
- **2010 ASH Institute Innovations in Government Award**

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Healthy Families Succeed Clinical Prevention Service Model

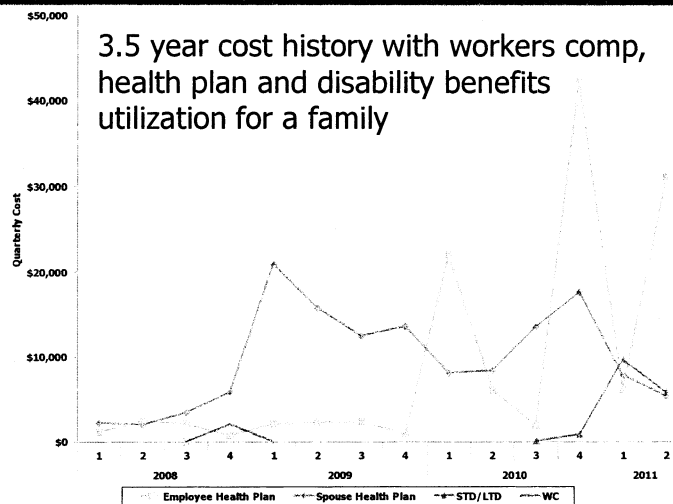


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5% High Risk Family Utilization Case Study



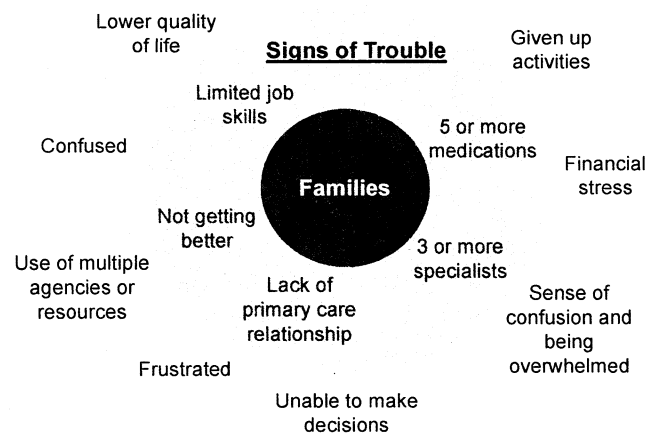
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Dynamics of High-Need, High-Cost Families

Symptoms of Trouble



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What is Clinical Prevention?

- A personal/family primary healthcare service that provides information, education, and decision support to help people **own and manage their health and their decisions to use medical services.**
- Designed to identify and engage to families who have or are predicted to have **complex healthcare and family circumstance .**
- Provided by an **advanced practice nurse and pharmacist clinician team and replaces some and complements other aspects of primary medical care.**
- Information driven by a Data Warehouse and Data Analytics services to assure the **right service to the right person at the right time with measurable performance metrics and outcomes.**



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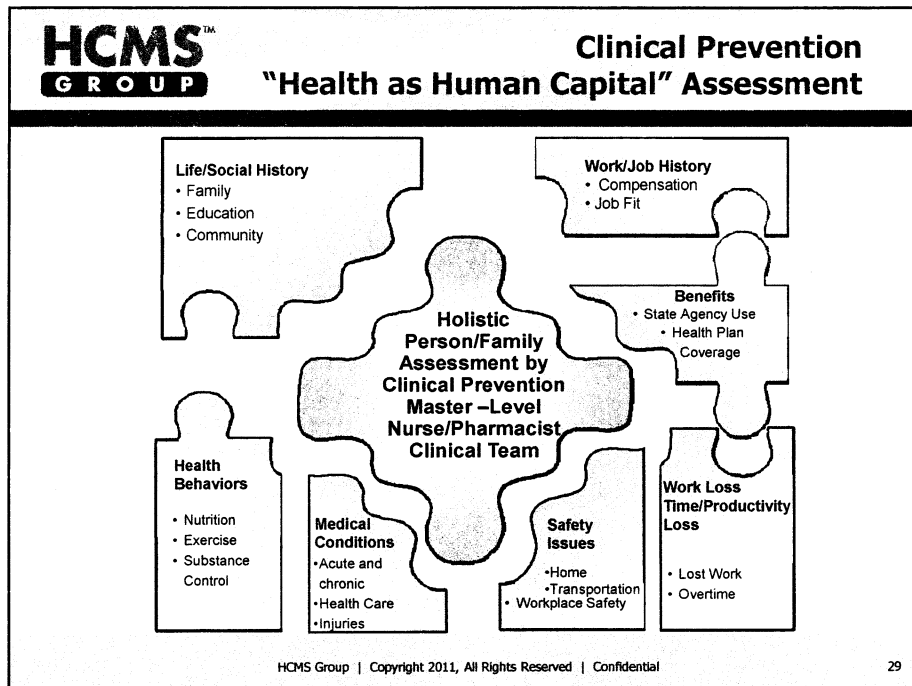


Clinical Prevention Service Features

- **Family & Prevention Focused**
 - Consumer empowerment: family determines own needs and sets priorities
 - The Nurse /Pharmacist team is expert resource rather than director
 - Unit of service is family
- **Clinical**
 - Delivered by master prepared clinical nurses and clinical pharmacists
 - Wholistic Assessment: Individual, Family, Community, Resources
 - Delivers information, education and support for informed decision making
 - Beyond Disease Management
- **Communication Intensive**
 - High level communication skills needed to develop trusting relationship and to allow development of family directed goals and plans
 - Whole Person and Family with Health as Human Capital Approach
- **Continuous vs. episodic**
 - Occurs over time
- **Concurrent with medical treatment services**
 - Complimentary to Primary Care

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HCMS GROUP **Wyoming Families in Healthy Families Succeed**

A father with one child and expecting another with his long-time girlfriend enrolled his family in HFS. Due to a lack of training and education he was unable to gain sustainable employment to support his family. When he enrolled in the HFS, he was using food stamps, Medicaid, LEIAP, and daycare assistance. His goal was to join the military. However, a lack of basic math, English, and science skills, he was not able to pass the ASVAB entrance test. HFS staff worked with him to gain the resources and education he needed to succeed and after a year of studying, he passed the ASVAB test and was accepted into the military. He is in training at boot camp and is no longer receiving state aid. HFS also assisted with a healthy pregnancy and uneventful birth of a new baby son.

"This is an exceptional service. The information and assistance my family received was invaluable."

A recently married mother of three enrolled in the HFS. Her educational background included Certified Nursing Assistant but her license had expired. She had difficulty gaining full time work and benefits. HFS provided resources resulting in employment at a local assembly company. She then experienced a series of unfortunate health events that resulted in repeat unemployment. She decided to pursue education to improve her skills. She worked with HA Clinicians to stabilize and gain control over her health issues. She completed her GED, is currently taking a CNA course and is registered at an accredited college to start working towards an associate's degree in health care.

"The service has been a light at the dark end of my health management tunnel."

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Health Families Succeed Key Financials Results

- **1,027** clients have cumulatively enrolled, 737 currently enrolled.
- **2,902** family members are associated with HFS clients.
- Total cumulative program savings to-date is **\$3,805,872**
- Total cumulative program costs are **\$2,000,000**
- The Return on Investment is \$1,805,872 (**\$.90 per \$1.00 invested**)
- Average savings per client in reduced state service utilization is **\$3,948**
 - Monthly use for **Workers' Comp reduced by 93%**,
 - **Unemployment costs fell by 55%**,
 - **Medicaid costs decreased by 40%**.

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Healthy Families Succeed Client Survey Results

- At HFS Enrollment vs. Current State
 - Employment – 33% vs. 55%
 - Education – 24% vs. 44%
 - Employment or Education – 43% vs. 73%
- Self-Report Self-Sufficiency Increased by 38.5%
- Self-Report Household Earnings over Past Four Months increased by 26.6%
- Self-Report Average Take Home Earnings Over Past Four Months Increased by 52.5%

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Healthy Frontiers – Healthcare Demonstration Project

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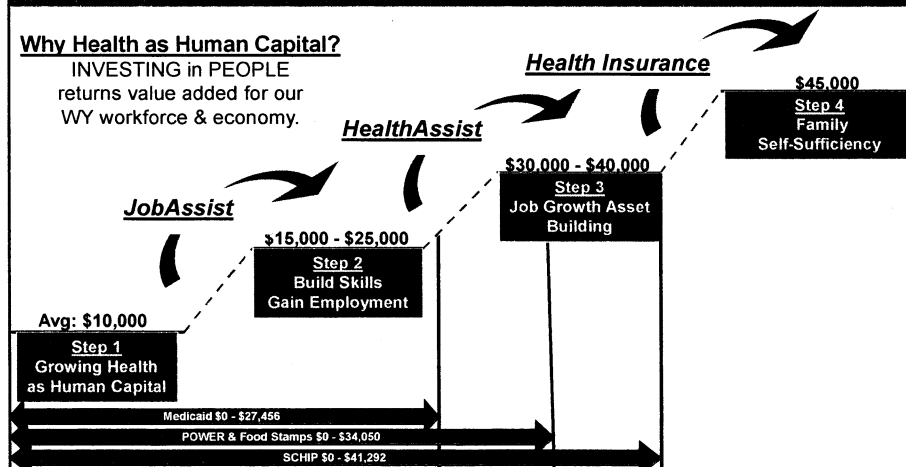
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Health Families Succeed Job Ladder: Moving Families to Self-Sufficiency

Why Health as Human Capital?

INVESTING in PEOPLE
returns value added for our
WY workforce & economy.



Self-Sufficiency Ladder Supported by the WHIN Database

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Wyoming Healthy Frontiers Healthcare Reform Demonstration Project

- **Eliminates Barriers to Work**
- **Creates a Bridge to Independence**
- **Builds Wyoming Workforce**
- **Gives Families Ownership**
- **Program Components**
 - Health Account > Offset of Co-Insurance
 - Free / Low-Cost Prevention & Primary Care
 - Higher Reimbursement for Primary Care Providers
 - Special support and information (clinical prevention) for people with complex health and family needs
 - Co-Insurance for Specialty & Hospital Care
- **Better Health for Less Money**

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About HCMS Group (www.hcmsgroup.com)

- Privately held **independent** business since 2002.
- Harold (Hank) Gardner, M.D. CEO with **40 plus years** in healthcare delivery, health professions education, and health information business using a new "**Health as Human Capital Paradigm**" that links health to economics and business performance.
- A senior management team with over **100 years experience** in information technology and clinical services, including Partners Mick Simon & Shawn Petrini who lead Information Technology and Clinical Services Products.
- **Employer Market Segments:**
 - **6** Small Market Groups & 100 Employers with 40,000 Employees;
 - **15** Distribution Partner Employers with 75,000 Employees;
 - **10** Direct Large Employers with 750,000 Employees (Waste Mgt, Cisco, USAA, Texas Instruments, PG&E, Walgreens, GE).
- **Health Organization Clients:** Accounts (Wyoming BCBS, Kaiser Permanente, Pfizer, Johnson & Johnson)
- **Government Client:** Wyoming State

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"Health as Human Capital" Aligning Incentives to Manage Health Benefit Costs

The **"Health as Human Capital"** paradigm links health to economics & business performance. Controlling Health Benefit Costs is not just an HR problem. It's a business survival problem that requires cross functional teaming with Finance and Operations to **get better value from benefit costs.**

Better value is achieved by addressing **THE GAP between the Cost and Quality** of Health Benefits and the **Incentives Alignment** between Business and Workers that drive employee behaviors.

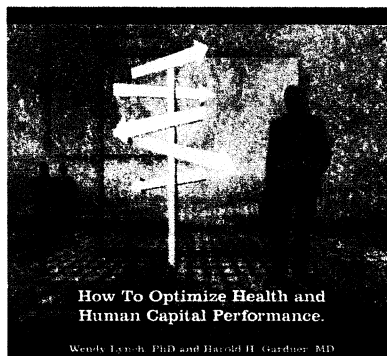
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Aligning Incentives, Information and Choice

ALIGNING Incentives, Information and Choice

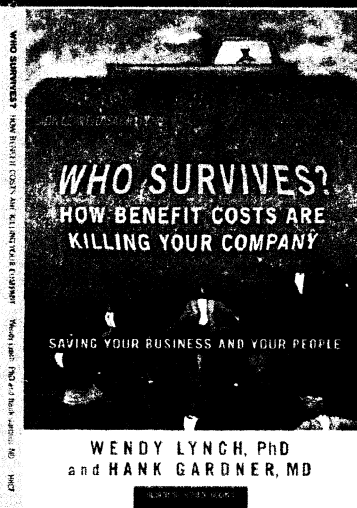


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Who Survives" How Benefit Costs are Killing Your Company



Woody Lyach and Mark Gardner are the authors of *Teacher Care and Health Care* and now have seen their models in action. **IT WARNING:** *More Survivors from Benefits* Gets Are Missing Your Company, is the perfect reading for executives who want to find a superior health care strategy.

Thomas Lawrence
Professor and Head, Strategy Office at London
Strategic Management Programme of Imperial

* This book is *dominating* with critical and measurements of the productivity effects of socialist programs, and how they impact a company's bottom line. This hard-to-find book is made possible by DATA, DATA, and more DATA. Its efforts will be nothing less than earth shaking to everyone, especially corporate leaders, workers and officials in the public and private sectors who design and deliver socialist programs.

Dr. Giovanni Caracciolo, Ph.D.
Professor, Institute of Economics,
Engineering, University and Professor,
Faculty of Agricultural Economics,
University of Palermo, Italy

"This book summarizes a growing literature on developing health consciousness. The authors introduce a new concept, health consciousness, and provide a conceptual framework on how consumers can use the strategy to remain healthy in a global marketplace. The book will assist individuals to explore the new market, and can encourage the people to benefit themselves by involving doctors and family and friends. Further, resource managers will find practical evidence on how their patients interact with their doctors. It is a must read for consumers wishing to become competitive."

HAROLD J. BROWN, PhD,
 MARTIN ARON J. MARRAS, PhD, Director
 Professor, Department of Economics
 University of Maryland

Thirty-eight (38) Published,
Peer-reviewed Studies Since
2003

Eighteen (18) since 2009